Winter 2023

NAVY MEDICAL CORPS MAGAZINE

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MEDICAL CORPS MAGAZINE

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RDML VALDES -
MESSAGE FROM CORPS CHIEF...

Colleagues, I'd like to start by wishing everyone happy birthday to the Medical Corps! I hope you find some time to reflect on the contributions of the Medical Corps and more broadly Navy Medicine this month.

We are preparing the executive and milestone opportunities list. Please talk to your commands if you have an interest in one of these positions and assure that you have your curriculum vitae, biography, and recommendations ready when the list is announced. These positions are essential to the future of Navy Medicine and are a testament to the quality of officers produced by our Corps.

Over the winter holiday period, the president signed the annual defense bill into law totaling $858 billion, with $817 billion going directly to the DoD. I want to summarize some significant areas affecting our community and Navy Medicine.

PAY RAISES: The NDAA authorizes the annual pay raise of 4.6% for both uniformed services and federal civilian employees effective January 1. While it does not match the increase in costs caused by inflation, the legislation emphasizes that the pay raise is meant to help mitigate rampant inflation and the rising costs of employment. There are ongoing efforts to secure the 2024 pay raise for uniformed services, slated to be 5.2% per the Employment Cost Index released in October 2022.

HEALTHCARE CUTS AND REALIGNMENT: Provisions in the NDAA require congressional notification before modifying services at MTFs, halt medical reductions and realignments of medical billets for five years, and require reporting on medical workforce requirements and personnel.

FAMILY PROGRAMS AND HOUSING: The NDAA describes a pilot program to reimburse military families for childcare costs related to PCS moves, providing much-needed assistance for military families. It also highlights BAH factors and extends the DoD's authority to adjust BAH in high-cost areas and to coordinate efforts to assist service members during housing shortages. The NDAA directs the DoD to create a Chief Housing Officer to facilitate reports and coordination with the Assistance Secretary of Defense for Energy, Installations, and Environment.

MANNING: Even before a decision on divestitures we began creating and implementing a training plan for the coming year that does not account for divestitures. Many specialties will continue to see billet changes over the next

few years. I want to clarify that these changes are not part of divestitures. Changes in the billet files are to meet future warfighting requirements. Navy Medicine uses a force shaping tool called MEDMACRE, which determines force strength based on defined operational requirements. The tool does not use training requirements or hospital care delivery requirements. Understanding the difference provides a better foundation for discussions in the future.

I want to address the pay plan that came out in the fall of 2022. Specifically, the process that goes into creating the Navy special pay plan. The pay plan does not reflect the value of any specialty or individual but is based on the manning for a particular specialty at that moment.
While many of you feel the overall undermanning within our Medical Corps community, when a specialty appears "overmanned," there is less ability to advocate for higher special pay. We are in an unprecedented time when our manning is lower than it has been in recent history. We will continue to advocate for all our communities in the future.

Many of you have already heard about our new, innovative platforms like the future USNS Cody, an Expeditionary Fast Transport designed to provide Role 2 medical capabilities in harm's way. The Cody is nearing builder's sea trials and is one way that our physicians' dedication and adaptability will support the Fleet. We expect future wars will be fought across the vast waters of the Pacific that will require us to support Distributed Maritime Operations (DMO) and Expeditionary Advanced Base Operations (EABO) to face peer and near-peer adversaries.

Finally, I'd like to thank you for the hard work that you do every day. Your constant dedication to caring for our AD service members, retirees, and their families is essential to the functioning of Navy Medicine and the entire Navy and Marine Corps. You are valued, and I will continue advocating for you in my role as Corps Chief. Please don't hesitate to reach out to my staff or me if there is anything we can do to support you.

Rear Admiral Guido F. Valdes, second from left, and Command Master Chief Sean Howe, third from left, speak with U.S. Navy veterans and current University of Miami students Elias Vihtelic, left, and Leo Sutton, right, during a meet and greet at the Donna E. Shalala Student Center. Photo: Joshua Prezant/University of Miami

2023 HERO OF MILITARY MEDICINE:

LT ANNA RAYNE

LT Anna Rayne was selected as the winner of the Henry M. Jackson Foundation for the Advancement of Military Medicine 2023 Hero of Military Medicine Award for the Navy. This award honors one individual from Navy Medicine who has distinguished themselves in medical research or clinical care through compassion, excellence, and selfless dedication to advance military medicine and the overall health of our nation's wounded, ill, and injured service members and veterans. In her four years of active-duty service as both a resident and an early career physician, LT Rayne has distinguished herself as a standout clinician and researcher in family medicine. LT Rayne was awarded the Fort Belvoir Community Hospital (FBCH) PGY-1 Resident of the Year award, presented to the resident who most excelled with outstanding medical knowledge, patient care skills, communication abilities, and professionalism during his or her first year of Family Medicine residency. She was also awarded a command ACE Award during 2020 for exemplary clinical care and communication with the Emergency Room while serving as the admitting resident in the height of the COVID-19 pandemic.

Upon graduation, LT Rayne was awarded the FBCH PGY-3 Resident of the Year and the Resident Esprit de Corps Award for her superb military bearing, inspirational leadership, selfless dedication to the care of patients, and positive impact on the culture and environment of the entire residency. LT Rayne also established herself as a dedicated researcher with multiple peer reviewed publications and has been awarded the first-place research prize at the Uniformed Service Academy of Family Physicians (USAFP) National Meeting Research Competition for her educational research in creating a diversity, equity, and inclusion curriculum for military family medicine residents. She was also awarded the first place poster presentation at the George Kober Research Symposium for her quality improvement work in improving primary care measures in HIV-infected men and women in an Infectious Disease clinic.

During residency, LT Rayne helped to create the first longitudinal diversity, equity, and inclusion (DEI) curriculum implemented in a military graduate education program which aims to improve healthcare disparities knowledge amongst military family medicine residents. LT Rayne and her team were awarded a $7,500 grant from the Society of Teachers in Family Medicine (STFM), which allowed her to implement a curriculum consisting of annual team-based learning sessions, monthly didactic topics in DEI, an objective structured clinical examination (OSCE) on culturally informed communication, caring for the medically underserved in a local free clinic, and voluntary medical humanities and anti-racism meetings.

During her utilization tour in Guantanamo Bay, LT Rayne identified a large portion of the population with HbA1C >10% and created a multi-disciplinary diabetes clinic to better serve this medically vulnerable population. Due to her dedication, she singlehandedly saw and treated 30 high risk diabetes patients and all patients had an average of 2.75%

disciplinary team led to the establishment of a a subcutaneous insulin protocol in lieu of IV insulin to treat mild to moderate diabetic ketoacidosis, improving the flexibility in resource management in a medically austere environment.

In addition to these outstanding accomplishments, LT Rayne performed life-saving measures on two separate occasions which led to the stabilization and treatment of patients in a medically austere environment. She not only was able to stabilize and treat a life-threatening tonsillar hemorrhage in the middle of the night but was able to procure life saving IVIG from the United States within 12 hours of admitting a patient for previously undiagnosed autoimmune thrombocytopenia. LT Rayne's decisive leadership and creativity in coordinating the care of these patients was essential in these lifesaving treatments. LT Raynes is a role model within Navy Medicine and has proven herself an exception clinician, repeatedly going above and beyond the call of duty. From creating a novel curriculum in a military medical residency, to developing a multi-disciplinary approach to address a vulnerable population and creating a new inpatient protocol to treat a life-threatening illness in an austere environment, LT Rayne has worked to improve every command and program she has been involved in. Her dedication to the individual patient, medical research, military medicine, education, and access to care, LT Rayne is beyond deserving to be selected the Navy 2023 Hero of Military Medicine.

CARTAGENA, Colombia (Nov. 17, 2022) Rear Adm. Bruce L. Gillingham, Surgeon General, Chief Bureau of Medicine and Surgery, and Force Master Chief Michael J. Roberts, Director of the Hospital Corps, speaks with Sailors assigned to the USNS Comfort (T-AH 20) at a medical site during Continuing Promise 2022 in Cartagena, Colombia, Nov. 17, 2022. Continuing Promise 2022 is a humanitarian assistance and goodwill mission conducting direct medical care, expeditionary veterinary care, and subject matter expert exchanges with five partner nations in the Caribbean, Central and South America. (U.S. Army photo by Cpl. Genesis Gomez)

SANTO DOMINGO, Dominican Republic (Dec. 1, 2022) Capt. Tim Platz, right, a general surgeon, and Lt. James Holland, both assigned to the hospital ship USNS Comfort (T-AH 20), perform a hernia surgical procedure in an operating room aboard USNS Comfort in in Santo Domingo, Dominican Republic. The patient suffered complications with this issue for five years, limiting mobility and ability to perform work as a mechanic. (U.S. Marine Corps photo by Sgt. Emily Kirk)

THE HIDDEN GEM WITHIN NAVY MEDICINE

By CDR Kevin Bernstein

One reason physicians choose a career in Primary Care Sports Medicine is to take care of athletes performing at the highest levels (e.g. collegiate student athletes, Olympians, and professional athletes). There are several opportunities within Navy Medicine that afford Primary Care Sports Medicine physicians the ability to care for groups and/or teams of high level athletes. This includes tours with Naval Special Warfare, Marine Corps Special Operations as well as serving as a team physician at the United States Naval Academy (USNA). For many of us, luck and timing in career progression allow us the ability to take a tour in these types of positions. The summer of 2021 provided me that opportunity for which I am forever grateful; becoming a team physician for a collegiate athletics program, specifically football, had been my dream job dating back to grade school and served as the basis for my application to medical school. In my extremely biased and narrow-viewed opinion, this is by far the coolest job Navy Medicine has to offer!

My first year at USNA, I had the honor of taking care of our cross country, track and field, sprint football, and women's lacrosse teams as their team physician as well as provided non-operative Sports Medicine consulting and procedural services (diagnostic musculoskeletal ultrasound including portable ultrasound at events, regenerative therapies, etc.) for the entire Brigade of over 4,000 Midshipmen including over 30 varsity and club sports. This past year, I had the esteemed privilege of taking care of the Navy Football team to include away games as well as the Army-Navy game. The modalities that these athletes seek include anything that helps fine tune their bodies to improve that sprint by 0.02 seconds as well as the day-to-day primary care needed to keep

them healthy for practice and games. The ability to provide sports psychology support for our athletes dealing with various mental health conditions is also rewarding as we are able to help them get through various situations in their personal lives as well as mental blocks on the field, which can significantly hinder human performance.

Evening and weekend hours in the training room with our athletic trainers as well as events, matches, games including road trips for away games throughout each season add up quickly but are very rewarding when you see your team and athletes achieve conference championships, personal records,

or, in some cases, moral victories against opponents you may not have stood a chance against (e.g. Navy vs. Notre Dame this past fall). The ultimate reward is the accumulation of a Midshipman's time at the Academy including all their major accomplishments leading to their commissioning. Learning about the Firsties' (seniors) service selection (similar to the residency match) as well as watching those that selected into Surface Warfare get to choose their ship (similar to a live, in-person fantasy draft) are super cool events prior to graduation day. Knowing that we get to play a significant role in a process that graduates over 1,000 new Naval and Marine Corps Officers each spring is very rewarding and I highly recommend this tour to anybody with similar goals and interests.

From the land of crab cakes and football -- GO NAVY! BEAT ARMY!

THE OPERATIONAL MEDICAL OFFICER

For the past two years, we have had a new term for our folks in operational billets, the Operational Medical Officer or OMO. While we have tried to explain this new term in a variety of settings, there are still questions about the purpose, role, and meaning of this term. OMOs are residency trained physicians who have completed their medical specialty training and are then trained in an operational specialty. Once they have completed that training, whether in Aviation Medicine, Surface Medicine, Undersea Medicine, or Fleet Marine Forces, they then serve as a medical expert in the operational field that they have chosen. For example, once an emergency medicine physician has finished residency and a utilization tour, they can then be trained in Undersea Medicine and become a UMO.

The difference between being a GMO and an OMO is whether you have completed your residency and when in your training you serve on the operational platform. While GMOs will not be going away, as we transition to more straight through training, we will be seeing more physicians without operational experience. To provide the opportunity for operational experience, the OMO was created. The OMO experience is meant to introduce junior officers to an operational community. This will allow Medical Corps officers a foot in the door to qualify them for more senior, leadership positions. Prior to the OMO, those few physicians who were selected for straight through training did not have an easy way to enter the operational communities following residency. This gives physicians the best of both worlds. The ability to choose your specialty and train completely, and then have the exciting unique experiences that you can only have in the Navy. Here is a summary of those opportunities:

UNDERSEA MEDICAL OFFICER:

Undersea Medical Officers (UMOs) are physicians trained in the unique physiological stresses of hyperbaric and hypobaric environments, exposure to low-level ionizing radiation, atmospheric control issues, and long periods in isolated environments. The UMO community is small, and plays a vital role within the Submarine Force, Naval Special Warfare, Marines, Diving Units, and Research communities. UMOs provide healthcare to those who work in the undersea environment, becoming experts in Dive Medicine, Submarine Medicine, and Radiation Health. UMOs work in a variety of locations, to include submarine squadrons and groups, Naval Special Warfare, Explosive Ordinance Disposal, Marine Special Operations (MARSOC), Navy Diving Commands, Naval Reactor Prototypes, Research Labs, MTFs, clinics, training institutions, and many more. With the diving expertise needed in this field, UMOs have unique physical requirements and must meet the Diver Physical Standards Test minimum standards.

AVIATION MEDICINE:

Aviation Medicine is a specialty that takes the unique and challenging environment in which the aviator operates into consideration in your medical decision-making and treatment. It's an opportunity to work in direct support of the Sailors and Marines that are defending our nation and to do so in a very individualized manner. When serving as a Flight Surgeon, you will typically be assigned directly to an aviation squadron or to a command which supervises several squadrons. They will see you as their personal physician, fellow aviator, and frequently, a friend, a relationship that is very special and will be cherished. These experiences provide you with leadership, initiative, self-assurance, planning ability, foresight, teaching ability, and organizational skills that are required of physicians working with the operational forces. Responsibilities of a Flight Surgeon include practicing preventive medicine by ensuring safety in the air and workplace, promoting aviation safety by decreasing the potential for aviation mishaps by interfacing between the practice of medicine, the science of safety, and the profession of aviation. Flight surgeons assess the squadron and aircraft environments by flying with the squadron as aircrew to observe in-flight stressors and crew coordination.

SURFACE FORCE MEDICAL OFFICER:

Surface Force Medical billets are key operational leadership opportunities for any Medical Officer who wishes to serve on board or in support of ships that comprise the Surface Force. These positions require expertise in leadership as Medical Officers are expected to be the medical subject matter experts, department heads, and special assistants to the Commanding Officers. There are opportunities on a wide variety of ships and locations around the world. There is the expectation to provide knowledge in an assortment of topics, including Occupational Medicine, Industrial Hygiene, Emergency Medicine, Preventive Medicine, medical intelligence, and medical evacuation. As Department Head on the ship you will be responsible for ALL medical matters for the crew, departmental organization and training, medical correspondence, staff assignments and watches, personnel performance evaluations, and ensuring advancement preparation for your staff.

FLEET MARINE MEDICAL OFFICER:

Fleet Marine Medical Officers (FMMOs) are medical experts for Marine Corps Commanding Officers. They are in charge of medical readiness and the supervision of physician assistants, Independent Duty Corpsmen (IDCs), and Hospital Corpsmen. They provide patient care, patient tracking, and field trauma care and resuscitation. They act as the Medical Department Head and are expected to act like a Marine, understanding Marine Corps history and traditions, shoot, run, hike, and look the part of a Marine. They are expected to meet Fleet Marine Force (FMF) Qualification requirements and serve as role models to their peers and enlisted personnel. Training for the Marine Corps includes topics such as "Officership 101," Field Medical Training Battalion-Field Medical Service Officer, Tactical Combat Casualty Care (TCCC), Fresh Whole Blood Transfusion, Basic Rifle Marksmanship, and Customs and Courtesies of the USMC.

Cmdr. Amy Hernandez, a general surgeon, left, and Cmdr. Kim Gerber, a certified registered nurse anesthetist both with Fleet Surgical Team (FST) 1, perform a surgery on a mannequin during a casualty response with Sailors from the nuclear aircraft carrier USS Nimitz (CVN 68), aboard amphibious assault ship USS Makin Island (LHD 8), Feb. 11, 2023 in the South China Sea. (U.S. Navy photo by Mass Communication Specialist Seaman Joshua Martinez)

CAMP AS SAYLIYAH ARMY BASE, DOHA, QATAR

By CAPT Kevin O'Meara and Lt. Col. Patrick Short

There are several unique opportunities in the Navy that pop up unexpectedly; being a medical advisor for Antarctic National Science Foundation missions or accompanying a congressional delegation to West Africa are just to name a few. This piece is meant to highlight another such opportunity. While many remember the withdrawal from Afghanistan in the summer of 2021, they may not know that Military physicians continue to care for Afghan migrants and refugees today.

In February 2022, CAPT Sean Sullivan, the pediatric specialty leader, had just finished sorting out the upcoming PCS's for the summer of 2022. This was not an easy task as some were not thrilled about their newly assigned duty stations. When he finally thought he had doled out all the bad news, the Army threw an IA deployment on his lap, a 7-month mission to Qatar for an already overworked community. My text string with him went like this:

SS (Sean Sullivan): "Dude, there is an IA assignment, leave March, Return October. Interested?"

KO (Kevin O'Meara): "Curious … location?" (I was not interested in COVID deployments to Detroit or Minneapolis)

SS: "Qatar, all expenses paid."

KO: "I'm in Brother."

SS: "You're too easy. I'd hug you if you were here."

Now … I'm old (54yo) with no kids at home and I told Sean previously that I would always have his back. I'm a former Corpsman and Navy Diver and an "all in" kind of person. In Pediatrics, we do the right thing, regardless, always. I love my community. We care. Sean was working hard to do the right thing; I had his back.

My civilian PICU trained wife had previously taken care of Sean's patients at NMCP back in the day so when I spoke to her about going, she graciously said, "If Sean needs you, do it!" I knew my mission, and I also knew that as a new mission, I would shape what happens next. I was going to treat Afghan allies on their way to the US as future citizens.

Navy pediatrician and GS&O with Army Reservist CMO for the 409th MCAS

Photos courtesy of authors

Going back, in July through November of 2021, I worked vigorously with Military commands, Navy physicians on the front lines, Department of Health and Human Services, and Civilian Charities to make sure we provided care to 120,000 Afghan "Parolees" and some SIVs (Special Immigrant Visas). It was a passion of mine – an internal obligation to help those in need. Jenny Jaskiewicz at Fort Pickett and Sharon Enujioke at Quantico were taking the lead in caring for patients in a very challenging, medically limited environment on our own soil.

Fast forward 5 months and was I traveling to Qatar in March 2022 (a St. Patrick's Day arrival in the country).

Nighttime in Doha

There were several USAF and USA pediatricians there already, not doing pediatrics but doing CDC Panel exams for the immigration process. Turns out that pediatricians know quite a bit about immunizations and basic public health. Muoy Lim (WR-USA) and Camille Vu (NMCP-USAF) did all the pediatric care at that time in Qatar, including fractures, burns, seizures, and surprisingly few respiratory emergencies.

Soon after my arrival, they were all gone. So, I was the solo pediatrician for 2000-2200 children in a refugee camp. I expected to see a lot of the infectious diseases typically seen in refugee camps, I provided hundreds of papers to those who formed the Military Medical Humanitarian Assistance Course (MMHAC), but this was a very different experience. These were not Kurdish refugees on a mountain. But, I saw the consequences of consanguinity, nutritional disorders, and minor trauma. While these amalgamated issues are less common to see in the United States, that is just the way small villages work, families marrying other family members, lack of quality food while hiding from the Taliban, and trauma from hurried travel to escape from unsafe living conditions.

The Reservist FP physicians were great, having worked for years at the VA or at a geriatric clinic in Tennessee. However, they hadn't taken care of children in years. I was thrilled that they dealt with all of the type 2 diabetes, and adult medication stuff. Having said that, I spent pretty much every day for 8 months caring for the 2000+ children in the camp. Doing what pediatrician do. Even though the hours were long, and it was just me for most of my time there, it was an incredibly rewarding experience. It was not hard to do. I saw patients for 3-4 hours every day and was on call for emergencies for the rest of the time. I was able to justify having a second pediatrician given the population size and complexity so presently LCDR Ben Briggs, pediatric hematologist/oncologist from NMCSD and Lt Col Patrick Short – NMCP USAF Peds GI are there.

I was also consulted on cases from Syria (Al Tanf Garrison) and Jordan since I was the only known pediatrician in theater. That is a whole other rabbit hole. When people learn that you have a skill set and it gets out … phones start ringing … as they should. An Army PA and a Special Forces Medic should have some back up when a 30-week EGA infant is born to an important village elder.

I was asked to write an article about my experiences in about 600 words but that is hard. I wish I could write about everything I saw; share the knowledge. Given all that, if you are a motivated junior pediatrician fresh out of a rigorous academic program who wants an experience that will genuinely change this world … spend 6 months in Qatar. This was the type of experience that keeps me in the Navy and will be something one remembers for a lifetime. Touching the life of an immigrant child at that most influential moment. They look up and they will become you. You are shaping the most motivated of future US citizens.

THE NAVY MEDICINE'S FIGHT AGAINST THE TB SCOURGE

By André B. Sobocinski, Historian, BUMED

Before the advent of antibiotics, tuberculosis or "TB" was one of the deadliest infectious diseases in the United States. At the start of the twentieth century the disease regularly killed one in every ten Americans. Over the late nineteenth and early twentieth centuries, TB was the second leading cause of death in America with only pneumonia taking more lives. Together with pneumonia, dysentery and enteritis, TB accounted for one out of every three deaths in the country in 1900 alone.

The most pernicious form of TB is pulmonary tuberculosis, a disease marked by chest pains, fatigue, weight loss, fever, wheezing, and a persistent cough often marked by the appearance of blood. For many sufferers, it seemed that they gradually wasted away or were consumed by their own bodies, hence the term "consumption" or "consumptive."

As an airborne infection that can be easily transmitted in the simple acts of coughing, sneezing, or speaking, it is no wonder that TB was such a common menace throughout densely populated environments of the turn-of-the-century—from booming cities to densely packed naval warships and recruit barracks. From 1895 to 1905, TB annually affected about five percent of the Navy and Marine Corps. During these years TB was the second leading cause of death in the Navy, just after drowning.

At the time, there was little that could be done with infected Sailors and Marines. The Navy's TB sufferers were quite openly referred to across the Navy as the "incurables," and prior to 1902 they were typically medically discharged or invalided to civilian life. As Rear Adm. Presley Rixey, the Navy Surgeon General from 1902 to 1910, wistfully reported in 1903, the Navy was forced to turn them loose "to the menace of their home communities and to drag out their unhappy and short-lived existence as best as they might." But for Rixey, these limited options were unsatisfactory.

During his tenure as Surgeon General, Rixey approved a plan to establish a Navy-run sanitarium that could provide necessary care to TB sufferers. In 1906, the Bureau of Medicine and Surgery (BUMED) identified Fort Lyon, Colorado, as an ideal location for the new sanitarium. Rixey met with officials from the Department of Interior who owned the property and then worked through the Secretary of the Navy to have President Theodore Roosevelt transfer it to the Navy Medical Department. The Navy acquired the 575.19 acres of old Fort Lyon property through Roosevelt's Executive Order dated October 25, 1906. The same order formally established Fort Lyon as a "sanitarium for Naval consumptives."

At its peak, Fort Lyon was comprised of administration buildings, wards, a storehouse, quarters for officers and enlisted, a disinfecting room, a bakery, a commissary, a reservoir, orchards, vegetable gardens, several artesian wells, and a working farm. The medical facilities were equipped with an X-Ray apparatus, and heliotherapy rooms where patients could lounge in the sunlight. Each day ambulatory patients were subject to an early form of occupational therapy by working the land, milking cows, harvesting crops, and planting and fostering vegetable gardens.

Ironically, Fort Lyon's first admission was Surgeon Barton Lisle Wright, a Navy physician who had long suffered from the illness. In addition to his status as a patient, Wright served as an attending physician and led a clinical research program examining new treatment methods. Wright began exploring treating pulmonary tuberculosis with mercuric succinimide ($C_8H_8HgN_2O_4$) intramuscular injections and campaigned for wide-spread use throughout the service. Although the treatment was never formally adopted, Wright remained a key figure in the Navy's fight against TB at the start of the 1900s.

Navy Tuberculosis Sanitarium at Fort Lyon, Colorado, 1907

The Navy's rapid growth in World War I and the extra burden thrown upon its recruiting facilities came with increased rates of TB. In 1917, there were 796 cases of TB in the Navy; a year later the number had increased to 2,398, and of these 1,189 were ultimately invalided from service.

By the 1920s, the Navy Medical Department issued new policy on TB set to minimize the infection in the service. Recruits who suffered from the disease in some form were held for a definite period of time, usually six months for medical observation before being sent to sea. And all Sailors would now have to undergo physical examination before being transferred or before they could re-enlist. The Navy began looking at carefully balanced rations, ventilation aboard ships, systematic physical exercise, and general personal hygiene of all men in the Navy and Marine Corps. Those diagnosed with the disease would continued to be hospitalized under the Navy's care at Fort Lyon until 1921. On October 31, 1921, the Navy formally transferred Fort Lyon by Executive Order to the U.S Veterans Bureau (later U.S. Department of Veterans Administration). Fort Lyon's remaining TB patients were relocated to a so-called "naval unit" at the U.S. Army's Fitzsimmons General Hospital in Aurora, Colorado.

From 1907 to 1921, Fort Lyon admitted 5,435 TB patients. Of these 4,474 cases were invalided from the service, 398 were returned to duty, 483 died, eight deserted, and 72 were transferred to other facilities. Collectively, all the cases were hospitalized for 791,033 days.

The 1930s and 1940s saw dramatic advances in the prevention and treatment of TB. Under a new TB Control Program, the Navy began using chest roentgenograms for all military and civilian employees and conducted tuberculin testing on all recruits. By the end of World War II, the Navy operated 54 stationary and six mobile photofluorographic units at shipyards, receiving stations, training centers and medical facilities to screen for TB. And in 1956, the Navy adopted the tuberculin skin test.

Antibiotics like penicillin were first adopted by the Navy in July 1943. And by 1946, the Navy began the first clinical TB trials for streptomycin at naval medical facilities at Corona and San Diego, California.

Despite the advances of medical science, tuberculosis today is far from eradicated. In fact, the mortality statistics of the twenty-first century eerily resemble those from the early twentieth century. With the rise of drug-resistant strains and AIDS/HIV populations who are susceptible to the disease, tuberculosis has re-emerged as a viable global health threat. TB regularly kills over 4,000 people a day around the world and 1.5 million people a year or one out of every six deaths. The story of TB continues, but the next chapter of treatment has yet to be written.

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Want to contribute?

If you have an interseting story or some advice for the Corps? Always wanted to try your hand at writing? Email CDR Robyn Treadwell with your ideas and see your article in the next edition of the Medical Corps Magazine.

Looking forward to hearing from you!

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CORPS CHIEFS OFFICE

Deputy Corps Chief
CAPT Teresa Allen
teresa.m.allen2.mil@health.mil
(703) 681-8917; DSN 761-8917

Career Planner
CAPT Shauna O'Sullivan MC, USN
shauna.f.osullivan.mil@health.mil
(703) 681-8937; DSN 761-8937

Reserve Affairs Officer
CAPT Mary Marley, NC, USN
mary.c.marley.mil@health.mil
(703) 681-8938; DSN 761-8938

Plans and Policy Officer
CDR Robyn Treadwell, MC, USN
robyn.m.treadwell2.mil@health.mil
(703) 681-6622; DSN 761-6622

NAVY MEDICAL CORPS DETAILERS

Surgical and Executive Medicine
CAPT Wayne Smith, MC, USN
wayne.r.smith42.mil@us.navy.mil
(901) 874-4094; DSN 94+ 312-882-4094

Non-Surgical Medical Specialties
CAPT Elizabeth Frame, MC, USN
elizabeth.a.frame2.mil@navy.mil
NON_SURGICAL.FCT@NAVY.MIL
(901) 874-4046; DSN 882-4046

Flight/UMO/Aerospace Medicine
CDR Shari Gentry, MC, USN
Shari.l.gentry1@navy.mil
(901) 874-4037; DSN 882-4037

OMO and GME Detailer
LCDR Derek Chamberlain
derek.j.chamberlain4.mil@us.navy.mil
GME_GMO.FCT@NAVY.MIL
(901) 874-4045; DSN 882-4045

WELCOME THE NEWEST MEMBERS OF THE TEAM...

CAPT Shauna O'Sullivan
Career Planner

CAPT Shauna O'Sullivan was born at Hahn Air Force Base, Germany and grew up in and around the military. She was awarded an academic and athletic scholarship at the University of New Mexico. She played division one soccer for the University and graduated magna cum laude with a BS in Biology. She was the recipient of a Naval Health Professions Scholarship and attended medical school at the Kansas City University from 1999-2003. She graduated summa cum laude. After graduating, she completed a family practice internship at Naval Hospital, Jacksonville from 2003-2004.

After internship, she served as a General Medical Officer on board the USS John C. Stennis (CVN-74) from 2004-2006. During this assignment, she earned a Navy Commendation medal and completed the Surface Warfare Medical Officer Qualifications. She was selected for Internal Medicine residency training at Naval Medical Center San Diego. She completed residency in 2009 and became board certified as an Internal Medicine physician. She was selected for Rheumatology fellowship at Walter Reed Army Medical Center. She completed her Rheumatology fellowship from 2009-2011, earning a Navy Commendation medal. Upon completion of her fellowship, she deployed in support of Operation Enduring Freedom as a physician advisor to the Director of Graduate Medical Education for the Armed Forces Academy of Medical Sciences and to the Chief of Medical and Surgical Services at the Afghan National Military Hospital in Kabul, Afghanistan 2011-2012. During her 357 days deployed, she co-created standardized, sustainable physician residency programs in seven warrior care specialties. This curriculum was adopted by the Ministry of Public Health as the national standard for training of all military and civilian physicians in the seven warrior care specialties and directly improved the healthcare training and education system for all physicians in Afghanistan. She earned an Army Commendation medal for her deployment.

Upon return from deployment, she became a board-certified Rheumatologist. As a staff Rheumatologist at Walter Reed National Military Medical Center from 2012-2013, she participated in the education of the Uniformed Services University (USU) medical students and residents. She holds an academic appointment as an assistant professor of medicine at USU. She earned a Joint Service Commendation medal during this time.

She was the Division Head of Rheumatology at Naval Medical Center Portsmouth (NMCP) from 2013 until 2019. She held many roles during her time at NMCP to include being selected by her peers and serving as the Chair and Vice Chair of the Medical Executive Committee at NMCP. She created a Professional Development Committee and acted as chair until 2019. She was involved in the Internal Medicine Residency Program and the Clinical Competency Committee, in addition to being the Rheumatology sub-specialty rotation and curriculum coordinator. She has received numerous awards for clinical and teaching excellence, to include: NMCP Faculty Teacher of the Year 2013-2014, the Education and Innovation Award 2013-2014, Junior Medical Corps Officer of the Quarter in 2014, Senior Medical Corps Officer of the Quarter 2016 and NMCP Medical Corps Senior Officer of the Year in 2016. She was selected as the Military Health System 2016 Junior Female Physician Military Leadership award winner. She was hand-picked as Director, Strategy and Operations and served in this role until July 2020. As Director of Strategy and Operations, she facilitated the Defense Health Agency transition and implementation of the Navy Readiness

and Training Command Portsmouth. Additionally, she served as the Public Affairs Officer for NMCP. In 2021, she finished a three-year tour as the Navy Rheumatology Specialty Leader. She was the Officer in Charge of Fleet Surgical Team Two from 2020 to 2023. She additionally held the position of Expeditionary Strike Group Two, Surgeon from 2020 until 2022. She deployed for 7 months to the sixth fleet during the Russian invasion of Ukraine as the Commander, Amphibious Task Force (CATF) Surgeon and Senior Medical Authority Afloat for the USS KEARSARGE (LHD-3) Amphibious Ready Group (ARG)/22D Marine Expeditionary Unit (MEU) in 2022. The KSGARG and 22D MEU was the first ARG/MEU to deploy to the sixth fleet in 20 years and the first ever to spend its entire deployment in the Baltics. Presently, she is the Medical Corps Career Planner in the Corps Chief Office at the Bureau of Medicine and Surgery.

CDR Robyn Treadwell Plans & Policy Officer

Originally from Austin, Texas, Commander Robyn Treadwell received her Bachelor of Arts degree in Biology, Spanish, and Latin American Studies from Brandeis University. She graduated from the University of Texas Health Science Center- San Antonio School of Medicine and completed her Psychiatry internship at Boston University.

CDR Treadwell concluded training in the Psychiatry Residency and Child and Adolescent Psychiatry Fellowship at the University of Massachusetts in Worcester. While a resident, she joined the Navy as an inactive reservist. Upon completing her training, she reported to her first duty station at Naval Medical Center Portsmouth (NMCP) as a staff member. She currently serves as an Assistant Professor of Psychiatry at the Uniformed Services University of the Health Sciences (USUHS). She deployed to Camp Leatherneck, Afghanistan, in support of Operation Enduring Freedom with the Concussion Restoration Care team as part of Combat Logistics Regiment II in 2013. Upon her return to NMCP, she led as the division officer of Child Mental Health.

She has steered quality improvements as Clinical Champion for Health Effectiveness Data and Information Set (HEDIS) for the Directorate of Mental Health, TeamSTEPPS Master Trainer, and trained as a Lean Six Sigma Green Belt enhancing collaboration and efficiency in the Exceptional Family Member Program at U.S. Naval Hospital Yokosuka Japan. While in Japan, she served in diverse roles, including Fleet Mental Health provider for the USS John S. McCain, responding to their tragic 2017 collision in Singapore, and Director of Healthcare Business.

Returning to Virginia, CDR Treadwell established herself as a dynamic faculty member. She led the military's only inpatient adolescent psychiatry unit and highlighted education and training as the Deputy Director for Education, Training, and Research. She joined the Mental Health Directorate at the Bureau of Medicine and Surgery in the summer of 2021 as the Deputy Director for Mental Health, then transitioned to the Office of the Medical Corps Chief as the Plans and Policy Officer in February 2023. A strong proponent of graduate medical education, CDR Treadwell is the Navy Intern Specialty Leader.
Military decorations include the Defense Meritorious Service Medal, the Meritorious Service Medal, the Navy and Marine Corps Commendation Medal, and the Fleet Marine Force Warfare Officer designation.

She is board certified in General Psychiatry and Child and Adolescent Psychiatry by the American Board of Psychiatrists and Neurologists.

NON-SPECIALTY SPECIFIC BILLETS

Even though there has been a significant push to advertise non-specialty specific (NSS) billets, there is still a gap in knowledge for the majority of the Corps regarding these positions. While most of the NSS positions for the Medical Corps have been in existence for years, the process for applying for them has recently changed dramatically. While previously, they were more about "who" you know, the process has now become a transparent application that is open to all Medical Corps officers, regardless of specialty. The assignment process was developed and is managed by the Medical Corps Detailers at Navy Personnel Command and has been codified to promote transparency and awareness of non-specialty specific billet opportunities among officers across the Medical Corps and allow an equitable and fair process for assignment to these billets. This process was created to ensure that the most qualified and eligible officers are selected for these important positions. This article will go over the steps to apply for these positions, understanding that there may be slight shifts in future iterations.

1. Review the available NSS opportunity list and consult with your detailer and specialty leader to determine if any of the available opportunities would meet your professional interests and career needs.
2. To apply for one or more of the available NSS billets, or to request an extension if serving in a NSS billet, complete the application and return it to your detailer along with a current biography and curriculum vitae prior to the prescribed deadline.
3. The MC detailers will review applications and request any additional information needed to make the best possible assignment determinations for both the officers and the gaining commands.
4. Applicants will be notified of selection/non-selection for assignments by their detailer as soon as final determinations are made. This may not be possible until after GMESB results are available in January.

Submission of the application for a Non-Specialty Specific billet should be considered an official request for assignment. Once selected for an assignment listed on your application, it will not be possible to decline the assignment or renegotiate for an alternate billet. Therefore, please be sure to list only those assignments that you are willing to accept!

Some NSS billets require officers to hold GMO privileges. If you apply and are selected for a billet that requires GMO privileging, please be prepared to obtain these privileges prior to execution of orders to the gaining command. Consult with your current command credentialing office to determine the specific requirements and potential Plan of Supervision needed to obtain GMO privileges if needed. Should you have any questions regarding the NSS Billet Assignment Process, please reach out to your detailer. We are standing by to assist you with finding your best next assignment. Thank you!

MEDICAL CORPS PHOTOS FROM AROUND THE WORLD!

TOP. U.S. Navy medical personnel with Expeditionary Medical Facility Alpha, Navy Medicine Readiness and Training Command, perform a simulated exploratory laparotomy during a demonstration of theater hospital capabilities during exercise Keen Sword 23 on Camp Foster, Japan, Nov. 17, 2022. (U.S. Marine Corps photo by Sgt. Megan Roses)

LEFT. U.S. Navy Lt. Cmdr. Barbara Berry, an emergency medicine physician with Expeditionary Medical Facility Alpha, Navy Medicine Readiness and Training Command, performs an ultrasound on a simulated casualty during a demonstration of theater hospital capabilities during exercise Keen Sword 23 on Camp Foster, Okinawa, Japan, Nov. 17, 2022. (U.S. Marine Corps photo by Sgt. Megan Roses)

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